



ARIZONA DEPARTMENT OF HEALTH SERVICES
HEARING AID DISPENSER
INITIAL LICENSURE BY EXAMINATION APPLICATION

To Be Eligible To Take The March 2006 Hearing Aid Dispenser Licensing Examination This Application, And All Required Documentation And Fees, Must Be Received By The Office of Special Licensing On Or Before February 13, 2006

IDENTIFYING INFORMATION (Please provide the following information):

Last Name	First Name	MI	Social Security #
Home Address	City	State	Zip Code
Place of Employment			
Business Address	City	State	Zip Code
Business Phone Number ()		Home Phone Number ()	

TYPE OF LICENSE APPLIED FOR

Regular Hearing Aid Dispenser License – License by Examination (March 2006)

This form serves as an application to sit for the next Arizona Hearing Aid Dispenser Licensing Examination. The next scheduled Hearing Aid Dispenser Licensing Examination will be in March 2006. The Office of Special Licensing will notify Applicants of the exact date of the examination.

LICENSE HISTORY (List all current or previous Hearing Aid Dispenser Licenses held in any State, Territory, or Country. Use additional sheets if necessary)

Jurisdiction	Type of License	License #	Date Issued	Current Status (If Expired Provide Date of Expiration)

PROFESSIONAL AND PERSONAL CONDUCT – If the answer to any of the following questions is Yes, explain fully in a separate signed and dated affidavit.

	Yes	No	
1. Are you currently ineligible to apply for a Hearing Aid Dispenser License in any state due to a suspension or revocation?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you had a Hearing Aid Dispenser License suspended or revoked in any State within the past two years?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you ever been convicted in any state of a felony or misdemeanor involving moral turpitude?	<input type="checkbox"/>	<input type="checkbox"/>	
A conviction(s) does not automatically eliminate an Applicant as a candidate for licensing. It does, however, pertain to requirements for “a person of good moral character” as provided in A.R.S. § 36-1923(A)(1). If Yes, please ensure that you explain the conviction(s) fully on a separate signed and dated affidavit. In addition please provide the following information:			
Date of Conviction(s)	Offense(s) Convicted Of	Jurisdiction and State Convicted In	Sentence Imposed

EDUCATIONAL BACKGROUND (A.R.S. § 36-1923(A)(2) provides that at a minimum an individual have an education equivalent to a four-year course in an accredited high school for licensure as a Hearing Aid Dispenser)

	Yes	No
Do you have an education equivalent to a four-year course in an accredited high school or more advanced degree?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please attach copy of diploma or certificate, or other documentation of being awarded such a diploma or certificate.		

ABILITY TO DISPENSE HEARING AIDS SAFELY – If the answer to the following question is Yes, explain fully in a separate signed and dated affidavit.

	Yes	No
Do you currently have, or have you had within the past five years, a condition that impairs your ability to dispense hearing aids safely?	<input type="checkbox"/>	<input type="checkbox"/>

FEES: Submit a **\$250.00 Non-Refundable Application Fee** (Check or Money Order payable to: Arizona Department of Health Services) with this Application.

Please note that upon successful completion of the Hearing Aid Dispenser Licensing Examination a Licensing Fee of \$100.00 will be required.

UNLAWFUL ACTS: A.R.S. § 36-1936 provides that no person may willfully make a false, material statement in an application for a license or for renewal of a license. This application must be signed and include all required information.

Your signature on this application indicates that you have provided correct and accurate information in this document. Failure to disclose material information may result in your application for license being denied. Any material information not disclosed in this application may result in any license that has been issued to be suspended or revoked.

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUTHFUL, COMPLETE AND ACCURATE.

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE

Return completed application, and all required documentation and fees to:

Arizona Department of Health Services
Office of Special Licensing
150 North 18th Avenue, Suite 460
Phoenix, Arizona 85007

Office Telephone Number: (602) 364-2079

TO BE ELIGIBLE TO TAKE THE MARCH 2006 HEARING AID DISPENSER LICENSING EXAMINATION, THIS APPLICATION, AND ALL REQUIRED DOCUMENTATION AND FEES, MUST BE RECEIVED BY THE OFFICE OF SPECIAL LICENSING ON OR BEFORE FEBRUARY 13, 2006